Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA, WINSTON SALEM DIVISION		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Deann First name Latrease Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Brodie	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6217	

Debtor 1 Brodie, Deann Latrease

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		111 Meadow Trail Lexington, NC 27295-8873 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Davidson County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Deb	tor 1	Brodie, Deann Lat	trease				Case r	number (if known)			
Par	t 2:	Tell the Court About Y	our Ba	nkruptcy Cas	se						
7.	Bankruptcy Code you are 2			Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under										
			☐ Ch	napter 11							
			☐ Ch	napter 12							
			■ Cł	napter 13							
8.	How	you will pay the fee		about how you If your attorne pre-printed ad	ne entire fee when I file my petition. Please check with the clerk's office in your local court for more details you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. ney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a address.						
	I need to pay the fee in installments. If you c Filing Fee in Installments (Official Form 103A).					this option, sign a	ind attach the <i>Applicatio</i>	on for Individuals to Pay The			
			_	not required to your family siz	t my fee be waived (You may o, waive your fee, and may do s the and you are unable to pay the Chapter 7 Filing Fee Waived (O	o only if y	your income is less nstallments). If you	s than 150% of the office choose this option, you	cial poverty line that applies to		
9.		e you filed for cruptcy within the last ars?	□ No ■ Yes								
				District	The Middle District of North Carolina	When	8/20/10	Case number	10-51589		
				District		- When		Case number			
				District		_ When		Case number			
10.		any bankruptcy cases	■ No								
	a spethis	ling or being filed by ouse who is not filing case with you, or by siness partner, or by ffiliate?	☐ Yes	S.							
				Debtor				Relationship to y	/ou		
				District		When		Case number, if	known		
				Debtor				Relationship to y	/ou		
				District		_ When		Case number, if	known		
11.	•	ou rent your	■ No	Go to li	ne 12.						
	resid	lence?	☐ Ye	s. Has yo	ur landlord obtained an evictio	n judgm	ent against you?				
					No. Go to line 12.						
					Yes. Fill out <i>Initial Statement A</i> bankruptcy petition.	About an	Eviction Judgmen	t Against You (Form 10	01A) and file it as part of this		

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DUD	Brodie, Dearin La	li casc			Case number (ii known)	
	_					
Par	Report About Any Bus	sinesses `	You Own a	s a Sole Proprieto	Or .	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Go to Part 4.		
		☐ Yes.	Name	and location of bus	siness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any		
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, Stat	te & ZIP Code	
	separate sheet and attach it to this petition.		Check	the appropriate bo	x to describe your business:	
	to the potition.				ness (as defined in 11 U.S.C. § 101(27A))	
					Estate (as defined in 11 U.S.C. § 101(51B))	
				•	efined in 11 U.S.C. § 101(53A))	
				•	r (as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you inc	icate that you are a	court must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of ideral income tax return or if any of these documents do not exist, follow the procedure in 11	
	For a definition of small	■ No.	I am n	ot filing under Chap	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	ing under Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am fi	ing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Pari	Penart if You Own or	Ηανο Λην	Hazardou	s Property or Any	Property That Needs Immediate Attention	
	Do you own or have any		Tiazardot	is i roperty or Arry	Troperty matriceus ininiculate Attention	
	property that poses or is	■ No.				
	alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is t	ne hazard?		
	safety? Or do you own any property that needs immediate attention?			ate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?		
					Number, Street, City, State & Zip Code	

Debtor 1 Brodie, Deann Latrease

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or makinç rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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			ואוואו / טט / ז ז ז ז		IVIIVI	, , , , , , , , , , , , , , , , , , , ,	
		Executed or	March 15, 2018 MM / DD / YYYY		Executed on MM	/ DD / YYYY	
		Signature o	f Debtor 1				
		/s/ Deann	sult in fines up to \$250,000, Latrease Brodie trease Brodie	or imprisonment for up	to 20 years, or both. 1 Signature of Debtor	8 U.S.C. §§ 152, 1341, 1519, and 3571.	
						operty by fraud in connection with a bankruptcy	
		have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		If no attorne	States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I				
	-	If I have che	f I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, Unite				
Par For	t7: Sign Below	I have exam	ined this petition, and I decla	are under penalty of peri	ury that the information	on provided is true and correct.	
		— \$500,00	ı - qı ııııııUII				
	NO:		1 - \$500,000 1 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
20.	How much do you estimate your liabilities to be?	□ \$0 - \$50 □ \$50,001	,000 - \$100,000	□ \$1,000,001 - □ \$10,000,001	- \$50 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion	
		□ \$500,001 - \$1 million		□ \$100,000,00	1 - \$500 million	☐ More than \$50 billion	
	be worth?		- \$100,000 1 - \$500,000	□ \$10,000,001 □ \$50,000,001		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion	
19.	How much do you estimate your assets to	□ \$0 - \$50 □ \$50,001	·	□ \$1,000,001 -		□ \$500,000,001 - \$1 billion	
		☐ 100-199 ☐ 200-999		5,551 25,61			
	owe?	□ 50-99 □ 100-199		□ 5001-10,000 □ 10,001-25,00		☐ 50,001-100,000 ☐ More than100,000	
18.	How many Creditors do you estimate that you	■ 1-49		☐ 1,000-5,000		☐ 25,001-50,000	
	are paid that funds will be available for distribution to unsecured creditors?		Yes				
	excluded and administrative expenses		□ No				
	Do you estimate that after any exempt property is		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter	7. Go to line 18.			
		16c. S	tate the type of debts you ow	ve that are not consume	er debts or business de	ebts	
		_	Yes. Go to line 17.				
			No. Go to line 16c.				
			re your debts primarily but or a business or investment of			at you incurred to obtain money vestment.	
		•	Yes. Go to line 17.				
		_	No. Go to line 16b.	·			
16.	What kind of debts do you have?		re your debts primarily condividual primarily for a perso		sumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an old purpose."		
Par	t 6: Answer These Questi	ons for Repo	orting Purposes				
Dec	etor 1 Brodie, Deann La	trease			Case number	(if known)	

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Debtor 1	Brodie,	Deann	Latrease	
----------	---------	-------	----------	--

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Donaid R. Buie	Date	March 15, 2018	
Signature of Attorney for Debtor		MM / DD / YYYY	
Donald R. Buie			
Printed name			
Donald R. Buie, Attorney at Law			
Firm name			
Post Office Box 20031			
Winston Salem, NC 27120-0031			
Number, Street, City, State & ZIP Code			
Contact phone (336) 773-1398	Email address	drbuie@bellsouth.net	
NCSB #9722			
Bar number & State			

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of North Carolina, Winston Salem Division

In re	Brodie, Deann Latrease		Case No.		
		Debtor(s)	Chapter	13	
	DISCLOSURE OF COMI	PENSATION OF ATTO	RNEY FOR I	DEBTOR	
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the five rendered on behalf of the debtor(s) in contemplation	iling of the petition in bankruptcy	, or agreed to be pai	d to me, for services re	
	For legal services, I have agreed to accept		\$	4,500.00	
	Prior to the filing of this statement I have received			0.00	
	Balance Due		\$	4,500.00	
2. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. T	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4. I	I have not agreed to share the above-disclosed confirm.	mpensation with any other person	unless they are men	mbers and associates o	f my law
[☐ I have agreed to share the above-disclosed compe copy of the agreement, together with a list of the				law firm. A
5. I	in return for the above-disclosed fee, I have agreed to	render legal service for all aspec	ts of the bankruptcy	case, including:	
b c	 Analysis of the debtor's financial situation, and rer Preparation and filing of any petition, schedules, s Representation of the debtor at the meeting of cred [Other provisions as needed] 	tatement of affairs and plan which	n may be required;	_	kruptcy;
6. E	By agreement with the debtor(s), the above-disclosed	fee does not include the following	g service:		
		CERTIFICATION			
	certify that the foregoing is a complete statement of ankruptcy proceeding.	any agreement or arrangement fo	r payment to me for	representation of the	debtor(s) in
Ma	arch 15, 2018	/s/ Donald R. Bui	9		
Do	ate	Donald R. Buie			
		Signature of Attorne Donald R. Buie, A			
		Post Office Box 2			
		Winston Salem, N (336) 773-1398 F	ax: (336) 773-150	95	
		drbuie@bellsouth Name of law firm	n.net		
		Tranc of tan film			

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	Cas	36 10-3020	JI D0	CI THEO 03/13/10 F	age 9 01 30	
Fill in this inf	ormation to identify you	ır case and thi	s filing:			
Debtor 1	Deann Latreas	e Brodie				
D 1	First Name	Middle	Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name		
United States	Bankruptcy Court for the		STRICT OF	F NORTH CAROLINA, WINSTON SA	ALEM	
Case number						☐ Check if this is an
						amended filing
Official F	Form 106A/B					
Schedi	ule A/B: Pro	perty				12/15
Answer every q	uestion.	·		orm. On the top of any additional pages ate You Own or Have an Interest In	s, write your name an	d case number (if known).
1. Do you own	or have any legal or equita	ble interest in ar	ıy residence	, building, land, or similar property?		
☐ No. Go to	Part 2.					
Yes. Whe	ere is the property?					
1.1			What is th	he property? Check all that apply		
111 Me	adow Trail			ngle-family home		ured claims or exemptions. Put secured claims on <i>Schedule D:</i>
Street addre	ess, if available, or other descript	tion		plex or multi-unit building ondominium or cooperative		ve Claims Secured by Property.
Loving	ton NC 2	7295-8873		anufactured or mobile home	Current value of t	
Lexingt	State	ZIP Code	□ Lai	ria restment property	entire property? \$95,270	portion you own? 0.00 \$95,270.00
Olly	Olate	Zii Godo	_	meshare		
			☐ Otl	her	(such as fee simp	re of your ownership interest ole, tenancy by the entireties, or
			_	an interest in the property? Check one	a life estate), if kr Fee Simple	own.
Davids	on			ebtor 1 only ebtor 2 only	ree Simple	
County	011		_	ebtor 1 and Debtor 2 only		
			_ ~~~	least one of the debtors and another	Check if this (see instructions	is community property
			L At	least one of the deptors and another		3)
			,	ormation you wish to add about this ite	,	-1
			Other info	ormation you wish to add about this ite identification number:	em, such as local	,
			Other info property i	ormation you wish to add about this ite identification number: known and designated as Lot	em, such as local No. Twenty-five	(25) as shown on the
			Other info property i Being k Map of	ormation you wish to add about this ite identification number: known and designated as Lot Mid-Brook Run, said map bei	m, such as local No. Twenty-five ng recorded in F	(25) as shown on the Plat Book 16 at Page
			Other info property i Being k Map of	ormation you wish to add about this ite identification number: known and designated as Lot Mid-Brook Run, said map bei the Office of the Register of D	m, such as local No. Twenty-five ng recorded in F	(25) as shown on the Plat Book 16 at Page
			Other info property in Being k Map of 235, in	ormation you wish to add about this ite identification number: known and designated as Lot Mid-Brook Run, said map bei the Office of the Register of D	m, such as local No. Twenty-five ng recorded in F	(25) as shown on the Plat Book 16 at Page

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Jenic	Brodie, Deann Latrease	Ca	ase number (if known)	
Car	rs, vans, trucks, tractors, sport utility vel	nicles, motorcycles		
п.	da.	•		
■ \	⁄es			
0.4	Make: Chrysler	Who has an interest in the manual Q O	Do not deduct secured of	laims or exemptions. Put
3.1		Who has an interest in the property? Check one	the amount of any secur	ed claims on Schedule D:
	Model: 200 C	■ Debtor 1 only	Creditors Who Have Cla	ims Secured by Property.
	Year: 2015 Approximate mileage: 82000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another	citile property:	portion you own.
	82000 miles			
		☐ Check if this is community property (see instructions)	\$10,417.00	\$10,417.00
3.2	Make: Chevrolet	Who has an interest in the property? Check one		laims or exemptions. Put ed claims on <i>Schedule D:</i>
	Model: TrailBlazer 4WD	Debtor 1 only		ims Secured by Property.
	Year: 2006	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 248000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	248000 miles	☐ Check if this is community property (see instructions)	\$5,265.00	\$5,265.00
3.3	Make: Honda	Who has an interest in the property? Check one		laims or exemptions. Put ed claims on Schedule D:
	Model: Accord	■ Debtor 1 only		ims Secured by Property.
	Year: 1998	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 154000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	154000 miles Paid in Full	☐ Check if this is community property (see instructions)	\$5,040.00	\$5,040.00
3.4	Make: Suzuki Model:	Who has an interest in the property? Check one Debtor 1 only	the amount of any secur	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Year: 2008	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 7000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	☐ At least one of the debtors and another		
	2008 Suzuki GSXR 600 Motorcycle	☐ Check if this is community property	\$4,941.00	\$4,941.00

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1	Brodie, Dea	nn Latrease	Case number (if I	(nown)
<i>Examp</i> □ No		urnishings ces, furniture, linens, china, kitchenware		
Yes.	Describe	Kitchen Appliances		\$60.00
		Stove		\$100.00
		Refrigerator		\$50.00
		Freezer		\$30.00
		Washing Machine		\$100.00
		Dryer		\$50.00
		Living Room Furniture		\$75.00
		Bedroom Furniture		\$1,500.00
		Dining Room Furniture		\$50.00
		Television Computer		\$400.00 \$600.00
Examp. ■ No		figurines; paintings, prints, or other artwork; books, pictonemorabilia, collectibles	ıres, or other art objects; stamp, c	oin, or baseball card collections; other
Examp. No	nent for sports an les: Sports, photo instruments Describe	nd hobbies graphic, exercise, and other hobby equipment; bicycles,	pool tables, golf clubs, skis; cano	es and kayaks; carpentry tools; musical
■ No		s, shotguns, ammunition, and related equipment		
11. Clothe Exam ☐ No		othes, furs, leather coats, designer wear, shoes, accesso	pries	
■ Yes.	Describe	Clothes		\$2,500.00
□ No		velry, costume jewelry, engagement rings, wedding rings	, heirloom jewelry, watches, gems	s, gold, silver

Official Form 106A/B Schedule A/B: Property page 3

\$300.00

Jewelry

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De	btor 1	Brodie, Dea	nn Latr	ease	Case number (if known)	
		rm animals oles: Dogs, cats, I	oirds, hor	ses		
		Describe				
			One D	og		\$300.00
	No	her personal and		-	ready list, including any health aids you did not list	
15.			•	rour entries from Part 3,	including any entries for pages you have attached for	\$6,115.00
		scribe Your Finan				
Do	you ow	vn or have any lo	egal or e	quitable interest in any o	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	No	oles: Money you h	•	•	a safe deposit box, and on hand when you file your petition	
					certificates of deposit; shares in credit unions, brokerage hou the same institution, list each.	ses, and other similar
					Institution name:	
			17.1.	Checking Account	Summit Credit Union Checking Account	\$150.00
			17.2.	Savings Account	Summit Credit Union Savings Account	\$86.00
			17.3.	Savings Account	State Employee's Credit Union Savings Account	\$25.00
			17.4.	Checking Account	State Employee's Credit Union	\$200.00
	Examp	, mutual funds, o oles: Bond funds,			e firms, money market accounts	
	■ No □ Yes			Institution or issuer name	e:	
	joint v	ublicly traded storenture	ock and i	nterests in incorporated	and unincorporated businesses, including an interest i	n an LLC, partnership, and
	■ No □ Yes.	Give specific inf		about them	% of ownership:	
ļ	Negoti Non-ne ■ No	iable instruments	include p e <i>nt</i> s are t	ersonal checks, cashiers' on the cashiers' on the cash of the cash	and non-negotiable instruments checks, promissory notes, and money orders. o someone by signing or delivering them.	

Official Form 106A/B Schedule A/B: Property page 4

Issuer name:

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De	ebtor 1 Bro	odie, Deann Latrease			Case number (if known)	
		or pension accounts nterests in IRA, ERISA, Keo	gh, 401(k), 403(b), thrift savings accounts, or other pe	ension or profit-sharing plan	S
	Yes. List ea	ach account separately.				
		Type of accou 401(k) or S		Institution name: Prudential NC 401(K) Plan	Forsyth County	\$5,731.96
22.	Your share o Examples: A			ou may continue service or use from utilities (electric, gas, water), telecon		others
	■ No □ Yes			Institution name or individual:		
23.	Annuities (A ■ No	contract for a periodic paym	ent of money to yo	ou, either for life or for a number of ye	ears)	
	☐ Yes	Issuer name and d	escription.			
	26 U.S.C. §§ : ■ No	530(b)(1), 529A(b), and 529	(b)(1).	ed ABLE program, or under a qual		
	☐ Yes	Institution name an	d description. Sep	parately file the records of any interes	ts.11 U.S.C. § 521(c):	
	■ No	table or future interests in specific information about the		than anything listed in line 1), and	rights or powers exercisa	ble for your benefit
	Patents, cop	yrights, trademarks, trade	secrets, and oth	ner intellectual property n royalties and licensing agreements		
	■ No	specific information about the	.,	g -g.		
27.		anchises, and other general uilding permits, exclusive lice		e association holdings, liquor licenses	s, professional licenses	
		specific information about the	nem			
M	oney or prope	erty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds ☐ No	owed to you				
	Yes. Give s	specific information about the	m, including whet	her you already filed the returns and	the tax years	
			2017 Interna	I Revenue Tax Refund	Federal	\$1,200.00
29.	□ No ′		y, spousal suppo	rt, child support, maintenance, divor	ce settlement, property sett	lement
			Debtor's ex- support.	husband owes back child	Support	\$9,085.00
30.	Examples: U	nts someone owes you Inpaid wages, disability insur Inpaid loans you made to so		lisability benefits, sick pay, vacation p	ay, workers' compensation,	Social Security benefits;

☐ Yes. Give specific information..

Case 18-50281 Doc 1 Filed 03/15/18 Page 14 of 58 Debtor 1 Brodie, Deann Latrease Case number (if known) 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

0	CDIOI	Brotile, Dearin Latrease		
31.		s in insurance policies les: Health, disability, or life insurance; health savings account (HSA)): cradit homeowner's or renter's insurance	
	■ No	co. Health, disability, of the insurance, health savings account (110/4)	, creat, nomeowners, or remers insurance	
		lame the insurance company of each policy and list its value.		
	□ 1es.1	Company name:	Beneficiary:	Surrender or refund value:
32.		erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurar	nce policy, or are currently entitled to receive	property because someone has
	■ No	O' a secolification of the		
	⊔ Yes.	Give specific information		
33.	Examp	against third parties, whether or not you have filed a lawsuit or les: Accidents, employment disputes, insurance claims, or rights to		
	■ No			
	⊔ Yes.	Describe each claim		
34.	Other co	ontingent and unliquidated claims of every nature, including co	ounterclaims of the debtor and rights to s	et off claims
	_	Describe each claim		
35.	. Any fina	ancial assets you did not already list		
	■ No			
	☐ Yes.	Give specific information		
36		ne dollar value of all of your entries from Part 4, including any e Write that number here		\$16,477.96
Pa	art 5: Des	cribe Any Business-Related Property You Own or Have an Interest In.	List any real estate in Part 1.	
37.	Do you o	wn or have any legal or equitable interest in any business-related prop	erty?	
	No. Go	to Part 6.		
	☐ Yes. G	o to line 38.		
Pa		cribe Any Farm- and Commercial Fishing-Related Property You Own o	r Have an Interest In.	
	пус	u own or have an interest in farmland, list it in Part 1.		
46.		own or have any legal or equitable interest in any farm- or com	nmercial fishing-related property?	
	■ No. 0	So to Part 7.		
	☐ Yes.	Go to line 47.		
Pa	art 7:	Describe All Property You Own or Have an Interest in That You Did N	ot List Above	
53.		have other property of any kind you did not already list? les: Season tickets, country club membership		
	■ No			
	☐ Yes. 0	Sive specific information		
54	4. Add th	e dollar value of all of your entries from Part 7. Write that num	ber here	\$0.00

Official Form 106A/B Schedule A/B: Property page 6

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Debto	Brodie, Deann Latrease			Case number (if known)	
Part 8:	List the Totals of Each Part of this Form				
55. P	art 1: Total real estate, line 2				\$95,270.00
56. P	art 2: Total vehicles, line 5		\$25,663.00		
57. P	art 3: Total personal and household items, line 15		\$6,115.00		
58. P	art 4: Total financial assets, line 36		\$16,477.96		
59. P	art 5: Total business-related property, line 45		\$0.00		
60. P	art 6: Total farm- and fishing-related property, line 52		\$0.00		
61. P	art 7: Total other property not listed, line 54	+	\$0.00		
62. T	otal personal property. Add lines 56 through 61		\$48,255.96	Copy personal property total	\$48,255.96
63. T	total of all property on Schedule A/B. Add line 55 + line 62				\$143,525.96

Official Form 106A/B Schedule A/B: Property page 7

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Fill in this information	on to identify you	case:			
	Deann Latrease				
Debtor 2	First Name	Middle Name Last Name			
	First Name	Middle Name Last Name		-	
United States Bankru	ptcy Court for the:	MIDDLE DISTRICT OF NORTH CAROLINA DIVISION	A, WINSTON SALEM		
Case number					
(if known)				_	if this is an
				ameno	led filing
Official Form 1	06D				
Schedule D:	Creditors	Who Have Claims Secure	ed by Propert	У	12/15
		two married people are filing together, both are e, number the entries, and attach it to this form. On			
1. Do any creditors have	e claims secured by	your property?			
☐ No. Check this	box and submit thi	s form to the court with your other schedules. Yo	u have nothing else to re	port on this form.	
Yes. Fill in all o	of the information be	elow.			
Part 1: List All Se	cured Claims			0.1	
		nore than one secured claim, list the creditor separatel a particular claim, list the other creditors in Part 2. As	y Column A Amount of claim	Column B Value of collateral	Column C Unsecured
		a particular daint, list the other creditors in Fart 2. As	Do not deduct the	that supports this	portion
2.1 Ditech Finan	cial LLC	Describe the property that secures the claim:	value of collateral. \$90,000.00	claim \$95,270.00	If any \$0.00
Creditor's Name	_	111 Meadow Trail, Lexington, NC			
		27295-8873			
		Being known and designated as Lot No. Twenty-five (25) as shown on			
		the Map of Mid-Brook Run, said			
		map being recorded in Plat Book 16			
		at Page 235, in the Office of the			
Post Office B		Register of Deeds of Davidson As of the date you file, the claim is: Check all that			
Rapid City, S 57709-6172	SD .	apply.			
Number, Street, City	State & Zin Code	☐ Contingent ☐ Unliquidated			
,,	,	☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only		An agreement you made (such as mortgage or so car loan)	ecured		
Debtor 2 only		_ ′			
☐ Debtor 1 and Debtor☐ At least one of the de		☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this claim		☐ Other (including a right to offset)			
community debt		· · · · · · · · · · · · · · · · · · ·			
Date debt was incurred	01/09/2002	Last 4 digits of account number 8370	<u> </u>		
2.2 OneMain		Describe the property that secures the claim:	\$2,576.00	\$5,265.00	\$0.00
Creditor's Name		2006 Chevrolet TrailBlazer 4WD			
Attention: Ba 601 NorthWe		248000 miles			
Street	St Ziid	As of the date you file, the claim is: Check all that			
Evansville, IN	N	apply. Contingent			
47708-1013 Number, Street, City,	State & Zin Code	☐ Unliquidated			
Number, Street, Oity	, State & Zip Code	☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
☐ Debtor 1 and Debtor	2 only	Statutory lien (such as tax lien, mechanic's lien)			
Official Form 106D		Schedule D: Creditors Who Have Claims Sec	cured by Property		page 1 of 3

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Debtor 1 Deann Latrease Brodie		Case number (if know)		
First Name Middle N	lame Last Name			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	— Cirier (including a right to onset)			
Date debt was incurred 2016-11	Last 4 digits of account number 24	67		
2.3 Summit Credit Union	Describe the property that secures the claim:	\$14,664.00	\$10,417.00	\$4,247.00
Creditor's Name	2015 Chrysler 200 C		<u> </u>	<u> </u>
	82000 miles			
8210 West Market Street	As of the date you file, the claim is: Check all the			
Greensboro, NC	apply.	at		
27409-9679	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage of	or secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	11)		
_	=			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2016-01	Last 4 digits of account number 60	009		
O. C.	Describe the manufactuated account the electron	£4.040.00	£4.044.00	#0.00
2.4 Summit Credit Union Creditor's Name	Describe the property that secures the claim:	\$4,048.00	\$4,941.00	\$0.00
Creditor 3 Name	2008 Suzuki			
	2008 Suzuki GSXR 600 Motorcycle 7000 Miles			
8210 West Market Street	As of the date you file, the claim is: Check all the			
Greensboro, NC	apply.	at .		
27409-9679	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage of	or secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	.,,		
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt				
Data daht	Local Additional account assembles CO	.4.4		
Date debt was incurred 2017-03	Last 4 digits of account number 60	<u> </u>		
Add the dellar value of your entries in Co	lumn A on this page. Write that number here:	\$111 299 00	ก	
If this is the last page of your form, add th	· -	\$111,288.00	7	
Write that number here:	io donar varao totalo irom un pagoor	\$111,288.00		
Part 2: List Others to Be Notified fo	r a Debt That You Already Listed			
	•	very already listed in Bert 4. For	avammla if a callection	
	ne notified about your bankruptcy for a debt that nowe to someone else, list the creditor in Part 1, a			
	t you listed in Part 1, list the additional creditors			
debts in Part 1, do not fill out or submit th	nis page.			
Name, Number, Street, City, State &	Zip Code Oı	n which line in Part 1 did you enter	the creditor? 2.1	
Ditech Financial LLC			270	
Post Office Box 660934 Dallas, TX 75266-0934	La	st 4 digits of account number 83	370_	

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Debtor 1	Deann Latrease I	Brodie		Case number (f know)
	First Name	Middle Name	Last Name	
O P	ame, Number, Street, City, Onemain Oost Office Box 64 Vansville, IN 47706	•		On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number 2467

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								•			
	in this inforn	nation to identify your	case:								
Deb	tor 1	Deann Latrease B									
. .		First Name	Middle I	Name	Last Name			}			
	tor 2 use if, filing)	First Name	Middle N	Name	Last Name						
Unit	ed States Ba	nkruptcy Court for the:	MIDDLE DI DIVISION	STRICT OF	F NORTH CAROLINA,	WINST	TON SALEM				
Cas	e number										
(if kno	_			_						if this is ar ed filing	1
Scł	nedule E	n 106E/F E/F: Creditors W				art 2 for	creditors with NON	IPRIORITY c	laims. Lis	12/1:	
any e Sche D: Cre the C	xecutory cont dule G: Execu editors Who H	tracts or unexpired leases story Contracts and Unexp Have Claims Secured by Pr age to this page. If you ha	that could resi ired Leases (O roperty. If more	ult in a claim fficial Form e space is ne	n. Also list executory con 106G). Do not include an eeded, copy the Part you	ntracts ny credi i need, f	on Schedule A/B: itors with partially s fill it out, number th	Property (Off secured clair ne entries in	ficial Form ns that are the boxes	n 106A/B) a e listed in S on the left	nd on Schedule . Attach
Part	1: List A	II of Your PRIORITY Un	secured Clai	ms							
1.	Do any credito	ors have priority unsecure	d claims again	st you?							
	☐ No. Go to P	Part 2.									
	Yes.										
i	identify what ty possible, list th	r priority unsecured claims pe of claim it is. If a claim ha e claims in alphabetical orde one creditor holds a particul	as both priority a er according to t	and nonpriorithe he creditor 's	ty amounts, list that claim he name. If you have more the	here and	d show both priority	and nonpriorit	ty amounts	s. As much	as
		ation of each type of claim, s				let.)					
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,	Total claim	Priority amount		Nonpriori amount	ty
2.1	Davids	on County Tax Colle	ector L	ast 4 digits	of account number		\$0.00)	\$0.00		\$0.00
	Priority Cr	editor's Name	v	Vhen was th	e debt incurred?		_	_			
	Post Of	ffice Box 1617	•	viieli was tii	e debt illiculted?			_			
	Lexing	ton, NC 27293-1617									
		street City State ZIp Code	_	_	e you file, the claim is: C	heck all	that apply				
	_	d the debt? Check one.		☐ Contingen	t						
	Debtor 1 o	only		Unliquidate	ed						
	Debtor 2 o	only		Disputed							
	Debtor 1 a	and Debtor 2 only	Т	ype of PRIO	RITY unsecured claim:						
	☐ At least or	ne of the debtors and anothe	_{er} [Domestic s	support obligations						
	☐ Check if t	this claim is for a commu	nity debt	Taxes and	certain other debts you ov	we the g	government				
	Is the claim s	subject to offset?		Claims for	death or personal injury w	hile you	were intoxicated				
	■ No			Other. Spe	ecify						
	□ Yes										

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Debtor 1 Brodie, Deann Latrease	Case number (r	know)		
2.2 Internal Revenue Service	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Priority Creditor's Name Insolvency, Mail 4905 Koger Blvd Stop 9 Greensboro, NC 27407-2734	When was the debt incurred?			
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only	☐ Unliquidated			
Debtor 2 only	☐ Disputed			
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government	t		
Is the claim subject to offset?	☐ Claims for death or personal injury while you were into	xicated		
■ No	Other. Specify			
Yes				
North Carolina Dept of Revenue	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Priority Creditor's Name	When was the debt incurred?			
PO Box 25000 Raleigh, NC 27640-0100				
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	☐ Contingent			
■ Debtor 1 only	☐ Unliquidated			
Debtor 2 only	☐ Disputed			
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government	t		
Is the claim subject to offset?	Claims for death or personal injury while you were into	xicated		
No	Other. Specify			
Yes				
Part 2: List All of Your NONPRIORITY Unsecu	red Claims			
3. Do any creditors have nonpriority unsecured claim	s against you?			
\square No. You have nothing to report in this part. Submit	this form to the court with your other schedules.			
■ Yes.				
4. List all of your nonpriority unsecured claims in the	alphabetical order of the creditor who holds each claim.	If a creditor has r	nore than one nonpric	ority

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part

Total claim

2.

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Debto	Brodie, Deann Latrease		Case number (f know)	
4.1	Alltran Financial LLP Nonpriority Creditor's Name	Last 4 digits of account number	6562	\$0.00
	Nonphonty Creditor's Name	When was the debt incurred?		
	Post Office Box 610			
	Sauk Rapids, MN 56379-0610 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Oneck all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.2	Capital One	Last 4 digits of account number	5225	\$980.00
	Nonpriority Creditor's Name	_		Ψοσοίσο
	Attn: General	When was the debt incurred?	2013-12	
	Correspondence/Bankruptcy Post Office Box 30285			
	Salt Lake City, UT 84130-0285			
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Revolving	account	
4.3	Charter Communication	Last 4 digits of account number	8419	\$218.00
	Nonpriority Creditor's Name	_		Ψ2.0.00
	Spectrum	When was the debt incurred?	2017-12	
	1410 Trademart Boulevard Winston Salem, NC 27127-5646			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharir	g plans, and other similar debts	
	□Yes	Other Specify Open acco	unt	

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Debte	or 1 Brodie, Deann Latrease		Case number (f know)				
4.4	Credit One Bank N.A.	Last 4 digits of account number	3612	\$1,323.00			
	Nonpriority Creditor's Name	When was the debt incurred?	2017-10				
	Post Office Box 98873 Las Vegas, NV 89193-8873 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Open acco	unt				
4.5	DJO Global Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00			
	Nonphority Creditor's Name	When was the debt incurred?					
	651 Campus Drive Suite 100 New Brighton, MN 55112-3495 Number Street City State Zlp Code	As of the date you file, the claim i	S. Chock all that apply				
	Who incurred the debt? Check one.	As of the date you file, the claim i	5. Спеск ан тасарру				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify					
4.6	Fingerhut Nonpriority Creditor's Name	Last 4 digits of account number	7503	\$116.00			
	Bankruptcy Department 6250 Ridgewood Road	When was the debt incurred?	2018-01				
	Saint Cloud, MN 56303-0820 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharin	•				
	☐ Yes	Other Specify Installment	account				

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Debto	Brodie, Deann Latrease	Case number (if know)				
4.7	H&R Accounts, Inc.	Last 4 digits of account number		\$0.00		
	Nonpriority Creditor's Name	When was the debt incurred?				
	Post Office Box 672 Moline, IL 61266-0672 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify				
4.8	Novant Health Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00		
	Nonpholity Creditor's Name	When was the debt incurred?				
	Post Office Box 602584 Charlotte, NC 28260-2584 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply			
	Who incurred the debt? Check one.	•	,			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	\square Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims —				
	■ No	☐ Debts to pension or profit-sharin				
	Yes	Other. Specify				
4.9	Synchrony Bank/Care Credit	Last 4 digits of account number	3816	\$790.00		
	Nonpriority Creditor's Name Attention: Bankruptcy Post Office Box 965060	When was the debt incurred?	2015-06			
	Orlando, FL 32896-5060 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin				
	☐ Yes	Other Specify Revolving	account			

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Debto	Brodie, Deann Latrease		Case number (f know)	
4.10	Triad Radiology Associates, PLLC Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	Post Office Box 10588	When was the debt incurred?		
	Peoria, IL 61612-0588	A control of the decoration		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
	United Consumer Financial			
4.11	Services Nonpriority Creditor's Name	Last 4 digits of account number	2886	\$1,094.00
		When was the debt incurred?	2015-06	
	865 Bassett Road Westlake, OH 44145-1142			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify Installmen	t account	
4.12	Verizon Nonpriority Creditor's Name	Last 4 digits of account number		\$1,872.00
	Attention: Wireless Bankrupty Admin	When was the debt incurred?	2003-04	
	500 Technology Drive Suite 500			
	Weldon Spring, MO 63304-2225	A control of the decoration		
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	■ Other. Specify Open acco	unt	

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Debtor	1 Brodie, Deann Latrease		Case number (f know)	
		_		
	Wake Forest Baptist Health-Patient		2077	¢c0.00
4.13	Accou Nonpriority Creditor's Name	Last 4 digits of account number	er <u>3877</u>	\$60.00
	Nonpriority Creditor's Name	When was the debt incurred?		
	Medical Center Boulevard			_
	Winston-Salem, NC 27157			
	Number Street City State Zlp Code	As of the date you file, the clai	im is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	ured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a se	eparation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	.,	
	■ No	☐ Debts to pension or profit-sha	aring plans, and other similar debts	
	☐ Yes	Other, Specify		
	_ 133	— Other. Specify		_
Part 3:	List Others to Be Notified About a Deb	at That You Already Listed		
			store de liste d'in Borto 4 en O. For economi	
	is page only if you have others to be notified a ng to collect from you for a debt you owe to so			
have	more than one creditor for any of the debts tha	t you listed in Parts 1 or 2, list the ac		
	ed for any debts in Parts 1 or 2, do not fill out o	. •		
	nd Address n Financial LLP	On which entry in Part 1 or Part 2 did y Line 4.1 of (<i>Check one</i>):	you list the original creditor? \square Part 1: Creditors with Priority Unsecured Cla	-!
	Office Box 1952	Line 4.1 of (Check one).		
	gate, MI 48195-0952		Part 2: Creditors with Nonpriority Unsecured	Claims
		Last 4 digits of account number	6562	
Name a	nd Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
	al One	Line 4.2 of (<i>Check one</i>):	\square Part 1: Creditors with Priority Unsecured Cla	aims
	Capital One Drive		■ Part 2: Creditors with Nonpriority Unsecured	
Richn	nond, VA 23238-1119		— Fait 2. Ordators with Nonphorty Onscource	Olamis
		Last 4 digits of account number	5225	
Name a	nd Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
Divers	sified Consultant	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Cla	aims
	Office Box 551268		■ Part 2: Creditors with Nonpriority Unsecured	d Claims
Jacks	onville, FL 32255-1268	Last 4 digits of account number	0440	
		Last 4 digits of account number	8419	
Name a	nd Address	On which entry in Part 1 or Part 2 did y		
DJO,		Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Cla	aims
	Office Box 660852		■ Part 2: Creditors with Nonpriority Unsecured	d Claims
Dallas	s, TX 75266-0852	Last 4 digits of account number		
	nd Address	On which entry in Part 1 or Part 2 did y		
ERC Post (Office Box 23870	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Cla	
	onville, FL 32241-3870		Part 2: Creditors with Nonpriority Unsecured	d Claims
00.0110		Last 4 digits of account number	3816	
Nesses	and Andreas	On which autoric Don't 4 on Don't 0 did o	and that the analysis of any distance	
Finge	nd Address rhut	On which entry in Part 1 or Part 2 did y Line 4.6 of (<i>Check one</i>):	you list the original creditor? \square Part 1: Creditors with Priority Unsecured Cla	aime
	Office Box 166	LING TIO OF CONTROL ON		
	rk, NJ 07101-0166		Part 2: Creditors with Nonpriority Unsecured	ı Cıalms
		Last 4 digits of account number	7503	
Name a	nd Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
	ource Advantage, LLC	Line 4.2 of (<i>Check one</i>):	\square Part 1: Creditors with Priority Unsecured Cla	aims
	Office Box 628		Part 2: Creditors with Nonpriority Unsecured	
Buffa	lo, NY 14240-0628			a Olalillo
		Last 4 digits of account number	5225	

Official Form 106 E/F

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Debtor 1 Brodie, Deann Latrease		Case number (f know)						
Name and Address	On which entry in Part 1 or Part 2 d	On which entry in Part 1 or Part 2 did you list the original creditor?						
Lvnv Funding LLC	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims						
Post Office Box 1269 Greenville, SC 29602-1269		■ Part 2: Creditors with Nonpriority Unsecured Claims						
G. G	Last 4 digits of account number	3612						
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?						
Synchrony Bank/Care Credit	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims						
C/o Post Office Box 965036		Part 2: Creditors with Nonpriority Unsecured Claims						
Orlando, FL 32896-5036	Last 4 digits of account number	3816						
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?						
Verizon Wireless	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims						
Post Office Box 650051 Dallas, TX 75265-0051		Part 2: Creditors with Nonpriority Unsecured Claims						
,	Last 4 digits of account number	0002						

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 6,453.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 6,453.00

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Fill in this infor	mation to identify your	case:		
Debtor 1	Deann Latrease I	Brodie		
	First Name	Middle Name	Last Name)
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	NORTH CAROLINA, WINSTON SA	SALEM
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person o	r company with	whom you have the	e contract or lease	State what the contract or lease is for
	Name, Number	, Street, City, State and ZIF	Code	
Name				_
Niverbox	Otrost			<u> </u>
Number	Street			
City		State	ZIP Code	
Name				<u> </u>
· taille				
Number	Street			_
City		State	7IP Code	<u> </u>
Oity		Oldic	Zii Oddo	
Name				
Niverber	Otrost			_
Number	Street			
City		State	ZIP Code	
Name				<u> </u>
Number	Street			_
Citv		State	ZIP Code	<u> </u>
Name				
Number	Street			_
Citv		State	ZIP Code	<u> </u>
	Name Number City Name Number City Name Number City Name City Name Number	Name Number Street City Name Number Street	Number Street City State Name Number Street Name Number Street City State	Number Street City State ZIP Code Name Number Street City State ZIP Code

Official Form 106G

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Fill in this	s information to identify your	case:			
Debtor 1	Deann Latrease First Name	Middle Name	Last Name		}
Debtor 2					
(Spouse if, fil	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	NORTH CAROLINA, W	INSTON SALEM	
Case num	nber				
(if known)					☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	ebtors			12/15
are filing to and numb	ogether, both are equally res	ponsible for supplying co the left. Attach the Additi	rrect information. If mo	ore space is needed, o	te as possible. If two married people copy the Additional Page, fill it out, Iditional Pages, write your name and
1. Do	you have any codebtors? (If	you are filing a joint case, do	o not list either spouse as	s a codebtor.	
■ No					
☐ Ye	S				
	thin the last 8 years, have you ornia, Idaho, Louisiana, Nevada				v states and territories include Arizona,
■ No	. Go to line 3.				
☐ Yes	s. Did your spouse, former spou	se, or legal equivalent live w	rith you at the time?		
line 2	again as a codebtor only if the state of the same as a codebtor only if the same as a codebtor only if the same is a codebtor only if the same as a codebtor only if the same is a codebtor on the same is a codebtor only if the same is a codebtor on the same is a codebtor of the same is a codebtor on the same is a codebtor on the same is a codebtor of the	nat person is a guarantor	or cosigner. Make sure	you have listed the o	with you. List the person shown in creditor on Schedule D (Official Forn ale E/F, or Schedule G to fill out
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt les that apply:
3.1				☐ Schedule D, lii	ne
<u> </u>	Name			_ ☐ Schedule E/F,	
				☐ Schedule G, li	ne
	Number Street City	State	ZIP Code	_	
	,				
3.2				_ ☐ Schedule D, lii	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, li	ne
	Number Street	01-1-	710.0	_	
	City	State	ZIP Code		

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E-11	to the telegraph of the telegraph of									
	in this information to identify your case									
Det	otor 1 Deann Latre	ase Brodie			-					
	otor 2 buse, if filing)				-					
Uni	ted States Bankruptcy Court for the:	MIDDLE DISTRICT O WINSTON SALEM DI	F NORTH CAROLINA, VISION		_					
	se number nown)		-				if this is:	d filina		
						□ A s	suppleme	_	postpetition ing date:	chapter 13
0	fficial Form 106I					M	M / DD/ Y	YYY		
S	chedule I: Your Inco	me								12/15
sup spo atta	es complete and accurate as possiliplying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the complex of the complex	re married and not filin spouse is not filing wit	g jointly, and your spo h you, do not include i	use is nforma	living ation	g with yo about yo	u, includ our spous	le informa se. If more	tion about y space is ne	our eded,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fili	ing spouse	
	If you have more than one job,	Employment status	■ Employed				☐ Emplo	yed		
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			☐ Not er	mployed		
	employers.	Occupation	Social Worker							
	Include part-time, seasonal, or self-employed work.	Employer's name	Forsyth Departm Services	ent of	Soc	ial				
	Occupation may include student or homemaker, if it applies.	Employer's address	741 Highland Ave Winston Salem, N 27101-4206							
		How long employed th	nere? 21 years				_			
Par	t 2: Give Details About Mont	hly Income								
	mate monthly income as of the dat ss you are separated.	e you file this form. If y	ou have nothing to repor	t for an	y line,	write \$0 i	in the spa	ice. Include	your non-fili	ng spouse
	u or your non-filing spouse have more ce, attach a separate sheet to this form		bine the information for a	ill emplo	oyers	for that pe	erson on t	the lines be	elow. If you ne	ed more
						For Debt	or 1		otor 2 or ng spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$_	4,7	769.95	\$	N/A	-
3.	Estimate and list monthly overting	ne pay.		3.	+\$_		0.00	+\$	N/A	-
4.	Calculate gross Income. Add line	2 + line 3.		4	\$	4 769	95	\$	N/Δ	

Official Form 106I Schedule I: Your Income page 1

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Debt	tor 1	Brodie, Deann Latrease	_	Case	number (if known)			
				Foi	r Debtor 1	For Debto		
	Сор	y line 4 here	4.	\$	4,769.95	non-filing	N/A	
				_	.,		14,71	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	788.32	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	286.20	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	30.18	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	25.39	\$	N/A	
	5e.	Insurance	5e.	\$_	479.22	\$	N/A	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	
	5h.	Other deductions. Specify: St Disab Ins	5h.+	_		+ \$	N/A	
		Dental Insurance	_	\$_	33.09	\$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	1,671.24	\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,098.71	\$	N/A	
8.	Liet	all other income regularly received:		_	<u>, </u>			
0.	8a.	Net income from rental property and from operating a business,						
		profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$ -	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent	0.0.	*-	0.00		1975	
		regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce	_	_				
	0.1	settlement, and property settlement.	8c.	\$_	234.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	\$_	0.00	\$	N/A	
	oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		•		•		
	_	Specify:	8f.	\$_	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	\$_	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	234.00	\$	N/A	
			'					
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		3,332.71 + \$	N/A	A = \$ 3,332	2.71
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			<u> </u>		1	
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule of de contributions from an unmarried partner, members of your household, your derificatives. ot include any amounts already included in lines 2-10 or amounts that are not avaisfy:	penden				. +\$	0.00
	-,500							
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain			•	4.0	. \$3,332	2.71
							Combined	
							monthly inco	ne
13.	Do y	ou expect an increase or decrease within the year after you file this form?	•					
		No.						
		Yes, Explain:						

Eill	in this informat	tion to identify you	ur oooo:			1				
	III IIIIS IIIIOIIIIa	tion to identify you	ui case.							
Deb	tor 1	Deann Latrea	ase Broo	die				if this is:		
Deh	tor 2							n amended filing	ing postpetition chapter 13	
	ouse, if filing)							penses as of the f		
Unit	ed States Bankr	uptcy Court for the:		E DISTRICT OF NORTH (ON SALEM DIVISION	CAROLINA,		M	M / DD / YYYY		
			*******	OTT OF RELIM BITTIOIOTT						
	e number nown)									
		rm 106J								
		J: Your E							12/1	5
info	ormation. If me		ded, attac	If two married people are the character sheet to this for the character sheet to this for the character sheet to this for the character sheet to the character sheet to the character sheet sheet the character sheet shee						r
Par 1.	t 1: Descr Is this a join	ibe Your Househ	nold							_
	■ No. Go to	line 2. s Debtor 2 live in	n a separa	ite household?						
	□ N									
	□ Ye	es. Debtor 2 mus	t file Offici	al Form 106J-2, Expenses	for Separate Househ	oldof Deb	tor 2			
2.	Do you have	e dependents?	□ No							
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents				Daughter			17	Yes	
									□ No	
					Son			14	Yes	
					O cont Nilson			_	□ No	
					Great Niece			7	■ Yes	
									□ No □ Yes	
3.	Do vour exp	enses include		N.			_		⊔ Yes	
٠.	expenses of	people other the	an $_{\square}$	No Yes						
	yourself and	d your dependen	ıts? □	res						
Par		ate Your Ongoin								
exp				iptcy filing date unless your is filed. If this is a suppl						
				overnment assistance if						
	ue of such ass ficial Form 10		e include	ed it on Schedule I: Your	Income		_	Your expe	enses	
4.		r home ownersh d any rent for the		ses for your residence. In lot.	nclude first mortgage	4.	\$		0.00	
	If not includ	ed in line 4:								
	4a. Real e	state taxes				4a.	\$		0.00	
		rty, homeowner's,	or renter's	sinsurance		4b.			0.00	
		maintenance, rep				4c.	٠.		100.00	
_		owner's association				4d.			0.00	
5.	Additional n	nortgage payme	nts for yo	ur residence, such as hor	ne equity loans	5.	\$		0.00	

or 1 Brodie, De	eann Latrease	Case number	(if known)
Utilities:			
6a. Electricity, he	eat, natural gas	6a. \$	200.00
6b. Water, sewer	r, garbage collection	6b. \$	25.00
6c. Telephone, o	cell phone, Internet, satellite, and cable services	6c. \$	300.00
6d. Other. Specif	fy: Direct TV	6d. \$	56.00
Food and houseke	·	7. \$	650.00
	dren's education costs	8. \$	0.00
Clothing, laundry,		9. \$	196.00
Personal care pro		10. \$	60.00
Medical and denta		11. \$	
	clude gas, maintenance, bus or train fare.	π. ψ	30.00
Do not include car		12. \$	190.00
	ıbs, recreation, newspapers, magazines, and books	13. \$	50.00
	utions and religious donations	14. \$	100.00
Insurance.		•	
	rance deducted from your pay or included in lines 4 or	· 20.	
15a. Life insuranc		15a. \$	24.00
15b. Health insura	ance	15b. \$	0.00
15c. Vehicle insur	ance	15c. \$	250.00
15d. Other insurar		15d. \$	0.00
	de taxes deducted from your pay or included in lines 4 o	+	0.00
Specify:	taxes deducted from your pay or included in lines 4 to	16. \$	0.00
Installment or leas			
17a. Car payment		17a. \$	0.00
17b. Car payment		17b. \$	0.00
17c. Other. Specif	fy:	17c. \$	0.00
17d. Other. Specif	fy:	17d. \$	0.00
	alimony, maintenance, and support that you did n		0.00
	ur pay on line 5, Schedule I, Your Income (Official F	0	
	ou make to support others who do not live with you	•	0.00
Specify:	y expenses not included in lines 4 or 5 of this form	19.	ncomo
20a. Mortgages or		20a. \$	
20b. Real estate to			
		20b. \$	
	neowner's, or renter's insurance	20c. \$	0.00
	, repair, and upkeep expenses	20d. \$	0.00
	s association or condominium dues	20e. \$	
Other: Specify:		21+	\$ 0.00
Calculate your mo	· ·		
22a. Add lines 4 thi	rough 21.		\$ 2,251.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Fo	orm 106J-2	\$
22c. Add line 22a a	nd 22b. The result is your monthly expenses.		\$ 2,251.00
Calculate your mo	•	00 4	
• •	(your combined monthly income) from Schedule I.	23a. \$	
23b. Copy your mo	onthly expenses from line 22c above.	23b9	2,251.00
23c. Subtract vous	r monthly expenses from your monthly income.		
•	your monthly net income.	23c. \$	1,081.71
For example, do you	increase or decrease in your expenses within the yexpect to finish paying for your car loan within the year or do yet ms of your mortgage?		
	xplain here:		
iii res. □	Apiain neie.		

Fill in this inforr	mation to identify your	case:			
Debtor 1	Deann Latrease I	Brodie			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	NORTH CAROLINA, WINSTO	N SALEM	
Case number _ (if known)					☐ Check if this is an amended filing
Official Form		an Individual	l Dahtaria Sah	مطيناهم	
Declarat	tion About a	an individual	Debtor's Scho	eaules	12/15
You must file this obtaining money	s form whenever you fil	e bankruptcy schedules connection with a bank	sible for supplying correct in or amended schedules. Maki ruptcy case can result in fine	ng a false statemen	
Sigi	n Below				
Did you pa	y or agree to pay some	one who is NOT an attorr	ney to help you fill out bankru	uptcy forms?	
■ No					
☐ Yes. N	Name of person				otcy Petition Preparer's Notice, ad Signature (Official Form 119)
	Ity of perjury, I declare etrue and correct.	that I have read the sumr	nary and schedules filed with	n this declaration an	d
X /s/ Dos	ann Latrease Brodie		X		
Deann	Latrease Brodie re of Debtor 1		Signature of Debi	tor 2	
Date I	March 15, 2018		Date		

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	in this information to identify your cas	e:			
Deb	tor 1 Deann Latrease Bro	odie Middle Name	Last Name		
Deb	tor 2	Middle Name	Last Name		
(Spo	use if, filing) First Name	Middle Name	Last Name		
Uni		MIDDLE DISTRICT OF NO DIVISION	DRTH CAROLINA, WINSTON SALEM		
Cas	e number				
(if kn				_	cif this is an ded filing
Su Be a infoi youi	s complete and accurate as possible. It mation. Fill out all of your schedules fi original forms, you must fill out a new	f two married people are irst; then complete the in	Certain Statistical Information filing together, both are equally responsible for formation on this form. If you are filing amende box at the top of this page.	supplying	
Par	1: Summarize Your Assets				
				Your a	ssets f what you own
				v aluc c	what you own
1.	Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from			\$	95,270.00
	1b. Copy line 62, Total personal propert	ty, from Schedule A/B		\$	48,255.96
	1c. Copy line 63, Total of all property or	n Schedule A/B		\$	143,525.96
Par	2: Summarize Your Liabilities				
ıaı	Z. Julillarize Four Liabilities				
					abilities t you owe
2.	Schedule D: Creditors Who Have Claim	a Sacurad by Property (Of	ficial Form 106D)		, ,
۷.			ottom of the last page of Part 1 of <i>Schedule D</i>	\$	111,288.00
3.	Schedule E/F: Creditors Who Have Uns	secured Claims (Official Fo	rm 106E/F)		
			from line 6e of chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (n	nonpriority unsecured clain	ns) from line 6j 3 3chedule E/F	\$	6,453.00
			Your total liabilities	\$	117,741.00
Par	3: Summarize Your Income and Ex	penses			
4.	Schedule I: Your Income(Official Form Copy your combined monthly income from			\$	3,332.71
5.	Schedule J: Your Expenses (Official For Copy your monthly expenses from line 22	rm 106J) 2c of <i>Schedule J</i>		\$	2,251.00
Par	4: Answer These Questions for Ada	ministrative and Statistic	al Records		
6.	Are you filing for bankruptcy under C No. You have nothing to report on the	•	this box and submit this form to the court with your o	ther schedu	les.
7.	Yes What kind of debt do you have?				
	Your debts are primarily consumpurpose." 11 U.S.C. § 101(8). Fill of		ts are those "incurred by an individual primarily for a population of the purposes. 28 U.S.C§ 159.	personal, far	nily, or household
	☐ Your debts are not primarily con court with your other schedules.	sumer debts. You have n	othing to report on this part of the form. Check this b	ox and subr	nit this form to the

Summary of Your Assets and Liabilities and Certain Statistical Information

Official Form 106Sum

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Debtor 1 Brodie, Deann Latrease

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,341.87

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$0.0	10
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.0	10
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.0	0
9d. Student loans. (Copy line 6f.)	\$0.0	0
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0
9g. Total. Add lines 9a through 9f.	\$0.00	

Fill	in this inform	ation to identify your	case:						
	btor 1	Deann Latrease							
		First Name	Middle Name	Last Name					
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name					
Un	ited States Bar	skruptcy Court for the:	MIDDLE DISTRICT OF NO	ORTH CAROLINA, WINSTO	N SALEM				
	se number				_	Check if this is an mended filing			
St Be a	as complete an	of Financial		e filing together, both are ed	ankruptcy qually responsible for supply additional pages, write your				
Pa	rt 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before					
1.	What is your	current marital status	s?						
	☐ Married								
	■ Not mar	ried							
2.	During the la	st 3 years, have you l	ived anywhere other than w	here you live now?					
	■ No								
	_	all of the places you liv	ed in the last 3 years. Do not in	nclude where you live now.					
	Debtor 1 Pri	or Address:	Dates Debtor 1 I	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
3. stat					y property state or territory? o, Texas, Washington and Wi				
Pa		ke sure you fill out Sche	edule H: Your Codebtors (Offic	cial Form 106H).					
4.	Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.								
	□ No ■ Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
For last calendar year: (January 1 to December 31, 2017)			■ Wages, commissions, bonuses, tips	\$53,252.00	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107

Debtor 1 B	rodie, Dean	n Latreas	е	Cas	e number (if known)	
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	dar year befo December 3		■ Wages, commissions, bonuses, tips	\$52,473.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
For the calen (January 1 to	ndar year: December 3	1, 2015)	■ Wages, commissions, bonuses, tips	\$46,191.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
For the calen (January 1 to		1, 2014)	■ Wages, commissions, bonuses, tips	\$46,616.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
Include in other pub you are fil List each	come regardle lic benefit payr ing a joint case source and the	ess of whether ments; pensi e and you ha e gross incor		ples of other income are alim- vidends; money collected from gether, list it only once under I		
Include in other pub you are fil List each	come regardle lic benefit payr ling a joint case	ess of whether ments; pensi e and you ha e gross incor	er that income is taxable. Examons; rental income; interest; dive income that you received to me from each source separate	ples of other income are alim- vidends; money collected from gether, list it only once under I	lawsuits; royalties; and gambli Debtor 1. you listed in line 4.	
Include in other pub you are fil List each	come regardle lic benefit payr ing a joint case source and the	ess of whether ments; pensi e and you ha e gross incor	er that income is taxable. Exam ons; rental income; interest; di we income that you received to	ples of other income are alimividends; money collected from gether, list it only once under I by. Do not include income that Gross income from each source (before deductions and	lawsuits; royalties; and gambli Debtor 1.	
Include in other pub you are fil List each No Yes.	come regardle lic benefit payr ing a joint case source and the Fill in the det	ess of whether ments; pensi e and you ha e gross incor ails.	er that income is taxable. Examons; rental income; interest; dive income that you received to me from each source separate Debtor 1 Sources of income Describe below.	Apples of other income are alimividends; money collected from gether, list it only once under I by. Do not include income that Gross income from each source (before deductions and exclusions)	lawsuits; royalties; and gambli Debtor 1. you listed in line 4. Debtor 2 Sources of income	Gross income (before deductions
Include in other pub you are fil List each No Yes.	scome regardle lic benefit payr ing a joint case source and the source and the set Certain Payer Debtor 1's concept Neither Delindividual pr	ess of whether ments; pensise and you have gross incorporable. The ments You or Debtor 2' totor 1 nor Dimarily for a	er that income is taxable. Examons; rental income; interest; dive income that you received to me from each source separate Debtor 1 Sources of income Describe below. Made Before You Filed for Income separate of the primarily consumer septor 2 has primarily consumer personal, family, or household	ples of other income are alimividends; money collected from gether, list it only once under I ly. Do not include income that Gross income from each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts purpose."	Debtor 1. Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
Include in other pub you are fil List each No Yes. Part 3: List Are either	scome regardle lic benefit payr ing a joint case source and the source and the set Certain Payer Debtor 1's conceived and individual properties.	ess of whether ments; pensise and you have gross incorporable. The ments You or Debtor 2' totor 1 nor Dimarily for a	er that income is taxable. Examons; rental income; interest; dive income that you received to me from each source separate Debtor 1 Sources of income Describe below. Made Before You Filed for Instantial to the separate of the separate o	ples of other income are alimividends; money collected from gether, list it only once under I ly. Do not include income that Gross income from each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts purpose."	Debtor 1. Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
Include in other pub you are fil List each No Yes.	scome regardle lic benefit payr ing a joint case source and the source and the set Certain Payer Debtor 1's concept Neither Delindividual pr	ments You or Debtor 2' otor 1 nor D imarily for a do days befo Go to line 7 List below e creditor. Do	er that income is taxable. Examons; rental income; interest; dive income that you received to me from each source separate Debtor 1 Sources of income Describe below. Made Before You Filed for Income Describe below. Made Before You Filed for Income Describe below. Made Before You Filed for Income Describe below.	Gross income from each source (before deductions) Bankruptcy debts? mer debts. Consumer debts purpose." you pay any creditor a total of a total of \$6,425* or more in comestic support obligations, su	Debtor 1. Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions) (8) as "incurred by an otal amount you paid that
Include in other pub you are fil List each No Yes. Part 3: List Are either	scome regardle lic benefit payring a joint case source and the source and the set Certain Payer Debtor 1's conceived and the lindividual properties of lin	ess of whether ments; pensise and you have gross incorrectly ails. The ments You are gross incorrectly ails. The ments You be gross incorrectly ails. The ments You ails. The	er that income is taxable. Examons; rental income; interest; dive income that you received to me from each source separate Debtor 1 Sources of income Describe below. Made Before You Filed for Its debts primarily consumer bebtor 2 has primarily consupersonal, family, or household re you filed for bankruptcy, did 7. each creditor to whom you paid	Gross income from each source (before deductions) Bankruptcy debts? mer debts. Consumer debts purpose." you pay any creditor a total of a total of \$6,425* or more in comestic support obligations, such cy case.	Debtor 1. you listed in line 4. Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 101(\$6,425* or more? one or more payments and the totch as child support and alimore.	Gross income (before deductions and exclusions) (8) as "incurred by an otal amount you paid that
Include in other pub you are fil List each No Yes. Part 3: List Are either	icome regardle lic benefit payr ing a joint case source and the st Certain Pay r Debtor 1's c Neither Del individual pr During the S No. Yes * Subject to	ess of whether ments; pensise and you have gross incorrectly ails. The ments You ails. The properties of the pension of the	er that income is taxable. Examons; rental income; interest; dive income that you received to me from each source separate Debtor 1 Sources of income Describe below. Made Before You Filed for Institute to the primarily consumer to the primarily consu	Gross income from each source (before deductions) Bankruptcy debts? mer debts. Consumer debts purpose." you pay any creditor a total of a total of \$6,425* or more in consumer debts. after that for cases filed on or mer debts.	Debtor 1. Debtor 2 Sources of income Describe below. Describe below. \$6,425* or more? The property of the payments and the the payments and alimonal after the date of adjustment.	Gross income (before deductions and exclusions) (8) as "incurred by an otal amount you paid that
Include in other pub you are fil List each No Yes. Part 3: List Are eithe No.	icome regardle lic benefit payr ing a joint case source and the st Certain Pay r Debtor 1's c Neither Del individual pr During the S No. Yes * Subject to	ess of whether ments; pensise and you have gross incorrectly ails. The ments You ails. The properties of the pension of the	Debtor 1 Sources of income Describe below. Made Before You Filed for I s debts primarily consumer Debtor 2 has primarily consumer Debtor 3 has primarily consumer Debtor 4 has primarily consumer Debtor 5 has primarily consumer Debtor 6 has primarily consumer Debtor 7 has primarily consumer Debtor 8 has primarily consumer Debtor 9 has primarily consumer Debtor 1 has primarily consumer Debtor 2 has primarily consumer Debtor 3 has primarily consumer Debtor 4 has primarily consumer Debtor 5 has primarily consumer Debtor 6 has primarily consumer Debtor 7 has primarily consumer Debtor 9 has primarily cons	Gross income from each source (before deductions) Bankruptcy debts? mer debts. Consumer debts purpose." you pay any creditor a total of a total of \$6,425* or more in consumer debts. after that for cases filed on or mer debts.	Debtor 1. Debtor 2 Sources of income Describe below. Describe below. \$6,425* or more? The property of the payments and the the payments and alimonal after the date of adjustment.	Gross income (before deductions and exclusions) (8) as "incurred by an otal amount you paid that

Official Form 107

Total amount

paid

Amount you

still owe

Was this payment for ...

Dates of payment

Creditor's Name and Address

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Case number (if known)

Del	btor 1	Brodie, Deann Latrease			Cas	se number (if kn	own)	
7.	<i>Inside</i> which	in 1 year before you filed for bankruptcy ers include your relatives; any general partn n you are an officer, director, person in cont ess you operate as a sole proprietor. 11 U.S.	ers; relaterol, or ow	ives of any gene oner of 20% or m	ral partners; partnershi ore of their voting secu	ips of which yourities; and any	u are a general part managing agent, in	ner; corporations of cluding one for a
		No						
		Yes. List all payments to an insider.						
	Insid	der's Name and Address	Dates	of payment	Total amount paid	Amount yo		this payment
8.	insid	in 1 year before you filed for bankruptcy er? de payments on debts guaranteed or cosigr			yments or transfer ar	ny property o	n account of a del	ot that benefited an
	_	No Yes. List all payments to an insider						
	Insid	der's Name and Address	Dates	of payment	Total amount paid	Amount yo		this payment
De	· · · · ·	Identify I and Actions Department	. and F		P			
Га	rt 4:	Identify Legal Actions, Repossessions	s, and re	neciosures				
9.	List a	in 1 year before you filed for bankruptcy Il such matters, including personal injury ca contract disputes.						
		No						
	_	Yes. Fill in the details.						
		e title e number	Nature	of the case	Court or agency		Status of th	ne case
10.		in 1 year before you filed for bankruptcy k all that apply and fill in the details below		ny of your prop	erty repossessed, fo	reclosed, gar	nished, attached,	seized, or levied?
	_	No. On to Provide						
	_	No. Go to line 11. Yes. Fill in the information below.						
		ditor Name and Address	Descri	be the Property			ate	Value of the
	Orec	ator Name and Address		n what happens		_	property	
			•					
11.		in 90 days before you filed for bankrupt unts or refuse to make a payment beca			cluding a bank or fina	ancial instituti	on, set off any an	nounts from your
	_	No						
		Yes. Fill in the details.						
	Cred	ditor Name and Address	Descri	be the action th	e creditor took		ate action was	Amount
12.		in 1 year before you filed for bankruptcy t-appointed receiver, a custodian, or an			erty in the possession	on of an assig	nee for the benefi	t of creditors, a
		No						
		Yes						
Pai	rt 5:	List Certain Gifts and Contributions						
13.	Withi	in 2 years before you filed for bankrupto	cy, did y	ou give any gif	ts with a total value o	of more than \$	6600 per person?	
		No						
		Yes. Fill in the details for each gift.						
	Gifts	s with a total value of more than \$600 pe son	er D	escribe the gift	s		ates you gave ne gifts	Value
		son to Whom You Gave the Gift and						

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Case number (if known)

Credit Infonet 4540 Honeywell Court		Credit Report	March 5, 2018	\$33.00				
CC Advising 703 Washington Avenue Suite 200 Bay City, MI 45708	1	Credit Counseling	March 02, 2018	\$9.76				
Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Donald R. Buie, Attorney at Law Post Office Box 20031 Winston Salem, NC 27120-0031		Attorney Fees		Amount of payment				
		Description and value of any property transferred	Date payment or transfer was made					
□ No■ Yes. Fill in the details.								
consulted about seeking bankruptcy or p	oreparir	ng a bankruptcy petition?	, ,	y to anyone you				
t 7: List Certain Payments or Transfers		nee damis on the 35 diodneddie A.B. I Toperty.						
how the loss occurred	Includ	e the amount that insurance has paid. List pending	loss	Value of property lost				
■ No □ Yes. Fill in the details.								
Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did you lose anyt	hing because of theft,	fire, other disaster,				
tt 6: List Certain Losses								
Church 136 Ralph Craver Road Lexington, NC 27295		\$100.00 per Month		\$0.00				
more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod		Describe what you contributed	Dates you contributed	Value				
Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No								
	□ No □ Yes. Fill in the details for each gift or co Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod Brooks Temple United Methodist Church 136 Ralph Craver Road Lexington, NC 27295 16: List Certain Losses Within 1 year before you filed for bankru or gambling? □ No □ Yes. Fill in the details. Describe the property you lost and how the loss occurred 17: List Certain Payments or Transfers Within 1 year before you filed for bankru consulted about seeking bankruptcy or place and attemption property. □ No □ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Donald R. Buie, Attorney at Law Post Office Box 20031 Winston Salem, NC 27120-0031 CC Advising 703 Washington Avenue Suite 200 Bay City, MI 45708	□ No ■ Yes. Fill in the details for each gift or contribution Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Brooks Temple United Methodist Church 136 Ralph Craver Road Lexington, NC 27295 ### List Certain Losses Within 1 year before you filed for bankruptcy or or gambling? No	□ No □ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Brooks Temple United Methodist Church 136 Ralph Craver Road Lexington, NC 27295 G: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anyt or gambling? ■ No □ Yes. Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. 17: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in Yes. Fill in the details. Person Who Was Paid Address Person Who Was Paid Address Person Who Made the Payment, if Not You Donald R. Buie, Attorney at Law Post Office Box 20031 Winston Salem, NC 27120-0031 CC Advising Credit Counseling Credit Counseling	■ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) \$100.00 per Month \$100.00 per Month				

Debtor 1 Brodie, Deann Latrease

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Case number (if known)

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditors Do not include any payment or transfer that you list	or to make payments			or transfer any propert	y to anyone who	
	_	stod on mio ro.					
	□ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address	Description and values	alue of any prope	rty	Date payment or transfer was made	Amount of payment	
	John C. Heath, Attorney At Law 360 North Cutler Drive North Salt Lake, UT 84054	\$30.00 per mor her credit repo	nth to help Debt rt.	or clean	Monthly	\$350.00	
 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any proper transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or gifts and transfers that you have already listed on this statement. ■ No □ Yes. Fill in the details. 							
	Person Who Received Transfer Address	Description and v property transfer		paymei	nts received or debts exchange	made	
	Person's relationship to you						
19.	Within 10 years before you filed for bankrupte beneficiary? (These are often called asset-protes No □ Yes. Fill in the details.		y property to a sel	f-settled t	rust or similar device of	which you are a	
	Name of trust	Description and v	alue of the proper	rty transfe	erred	Date Transfer was made	
Par	t 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Storaç	ge Units			
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No Yes. Fill in the details.	other financial accoun	ts; certificates of				
	Name of Financial Institution and	Last 4 digits of	Type of account	t or	Date account was	Last balance before	
	Address (Number, Street, City, State and ZIP Code)	account number	instrument		closed, sold, moved, or transferred	closing or transfer	
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?						
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Address (Number, Street, City, State		ne contents	Do you still have it?	
22.	Have you stored property in a storage unit or	place other than your	home within 1 yea	ar before y	ou filed for bankruptcy	?	
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S and ZIP Code)		escribe th	ne contents	Do you still have it?	

Debtor 1 Brodie, Deann Latrease

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De	otor 1	Brodie, Deann Latrease		С	Case number (if known)			
Pa	rt 9:	Identify Property You Hold or Control for	Someone Else					
23.	•	you hold or control any property that someo eone.	ne else owns? Include any propert	у у	ou borrowed from, are storing for,	or hold in trust for		
		No						
		Yes. Fill in the details.						
	_	ner's Name dress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	D	escribe the property	Value		
Pa	rt 10:	Give Details About Environmental Informa	ation					
For	the p	ourpose of Part 10, the following definitions a	apply:					
•	toxic	ironmental law means any federal, state, or loc substances, wastes, or material into the air trolling the cleanup of these substances, wa	r, land, soil, surface water, groundv stes, or material.	wate	er, or other medium, including stat	utes or regulations		
		means any location, facility, or property as , operate, or utilize it, including disposal site	-	aw,	whether you now own, operate, or	utilize it or used to		
		ardous material <mark>means anything an environ</mark> i erial, pollutant, contaminant, or similar term.		was	ste, hazardous substance, toxic su	bstance, hazardous		
Rep	ort a	ll notices, releases, and proceedings that yo	u know about, regardless of when t	the	y occurred.			
24.	Has	any governmental unit notified you that you	u may be liable or potentially liable	unc	der or in violation of an environme	ntal law?		
		No .						
	□	Yes. Fill in the details. me of site	Governmental unit		Environmental law, if you	Date of notice		
		dress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	nd	know it	Date of Hotioc		
25.	Hav	e you notified any governmental unit of any	release of hazardous material?					
		I _{No}						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	nd	Environmental law, if you know it	Date of notice		
26.	Hav	e you been a party in any judicial or adminis	strative proceeding under any envir	ron	mental law? Include settlements ar	nd orders.		
		No						
		Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	N	lature of the case	Status of the case		
Pa	rt 11:	Give Details About Your Business or Con	nections to Any Business					
27.	With	nin 4 years before you filed for bankruptcy, o	did you own a business or have any	v of	f the following connections to any	business?		
		☐ A sole proprietor or self-employed in a t						
		☐ A member of a limited liability company			•			
		☐ A partner in a partnership			•			
			ive of a corporation					
		☐ An owner of at least 5% of the voting or	equity securities of a corporation					

Official Form 107

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Case number (if known)

ı	No. None of the above applies. Go to P	art 12.	
	☐ Yes. Check all that apply above and fill		
	Business Name	Describe the nature of the business	Employer Identification number
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.
			Dates business existed
	Vithin 2 years before you filed for bankruptonstitutions, creditors, or other parties.	cy, did you give a financial statement to any	one about your business? Include all financial
	No		
_	Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part	12: Sign Below		
true a bankr	nd correct. I understand that making a false		clare under penalty of perjury that the answers are ng money or property by fraud in connection with a oth.
	eann Latrease Brodie	Olympian (Dalatan)	
	nn Latrease Brodie ature of Debtor 1	Signature of Debtor 2	
Date	March 15, 2018	Date	
Did yo ■ No □ Yes	. •	nt of Financial Affairs for Individuals Filing f	for Bankruptcy (Official Form 107)?
Did yo	ou pay or agree to pay someone who is not	an attorney to help you fill out bankruptcy f	forms?
■ No			(0,000,000,000,000,000,000,000,000,000,
⊔ Ye	s. Name of Person Attach the <i>Bankrup</i>	otcy Petition Preparer's Notice, Declaration, and	d Signature (Official Form 119).

Debtor 1 Brodie, Deann Latrease

Fill in this information to identify your case:					
Debtor 1	Deann Latrease Brodie				
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the:		Middle District of North Carolina, Winston Salem Division			
Case number (if known)					

	Check as directed in lines 17 and 21: According to the calculations required by this Statement:					
		1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
		2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
		3. The commitment period is 3 years.				

☐ Check if this is an amended filing

☐ 4. The commitment period is 5 years.

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:	Calculate Your Average Monthly Income
raiti.	Calculate I out Average Monthly income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

own the same rental property, put the income from that property i	n one co	lumn only.	If you have nothing	to report for any line,	write \$0 in the space.
			-	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and co	mmissio	ns (before all \$	5,136.87	\$
 Alimony and maintenance payments. Do not include Column B is filled in. 	payme	nts from a	a spouse if \$	205.00	\$
4. All amounts from any source which are regularly part of you or your dependents, including child support from an unmarried partner, members of your household, roommates. Do not include payments from a spouse. I listed on line 3	. Include your de	e regular pendents	contributions , parents, and	0.00	\$
5. Net income from operating a business, profession, or farm	Debtor	· 1			
Gross receipts (before all deductions)	\$	0.00			
Ordinary and necessary operating expenses	-\$	0.00			
Net monthly income from a business, profession, or far	rm \$ _	0.00	Copy here -> \$	0.00	\$
. Net income from rental and other real property	Debtor	1			
Gross receipts (before all deductions)	\$_	0.00			
Ordinary and necessary operating expenses	-\$_	0.00			
Net monthly income from rental or other real property	\$_	0.00	Copy here -> \$	0.00	\$

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 o non-filing		
7.	Interest, dividends, and royalties			\$	0.00	\$ 		
8.	Unemployment compensation			\$	0.00	\$		
	Do not enter the amount if you contend Social Security Act. Instead, list it here	:	nefit under the					
	For you		0.00					
	For your spouse	· · · · · · · · · · · · · · · · · · ·						
	Pension or retirement income. Do not under the Social Security Act.	·		\$	0.00	\$		
	Income from all other sources not li not include any benefits received under a victim of a war crime, a crime against If necessary, list other sources on a se	the Social Security Act or payment humanity, or international or domes	s received as stic terrorism.		0.00	œ		
	-			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate	pages, if any.	+	\$	0.00	\$		
11.	Calculate your total average monthl each column. Then add the total for C			5,341.87	+ -		= \$_	5,341.87
								tal average
Part	2: Determine How to Measure Y	our Deductions from Income					me	onthly income
12. 13.	Copy your total average monthly in Calculate the marital adjustment. Cf You are not married. Fill in 0 below	eck one:					\$	5,341.87
	_							
		is filing with vall fill in () halaw						
	_	is filing with you. Fill in 0 below.						
	☐ You are married and your spouse	is not filing with you.	s NOT regular	ly paid for th	ne househo	old expenses	of you or	your dependents
	You are married and your spouse Fill in the amount of the income I such as payment of the spouse's	is not filing with you. sted in line 11, Column B, that was ax liability or the spouse's support o	of someone ot	her than you	or your dep	pendents.	•	
	You are married and your spouse Fill in the amount of the income I such as payment of the spouse's Below, specify the basis for excluding	is not filing with you. sted in line 11, Column B, that was	of someone ot	her than you	or your dep	pendents.	•	
	You are married and your spouse Fill in the amount of the income I such as payment of the spouse's	is not filing with you. sted in line 11, Column B, that was ax liability or the spouse's support of ding this income and the amount of	of someone ot	her than you	or your dep	pendents.	•	
	You are married and your spouse Fill in the amount of the income I such as payment of the spouse's Below, specify the basis for excluda separate page.	is not filing with you. sted in line 11, Column B, that was ax liability or the spouse's support of ding this income and the amount of	of someone ot	her than you	or your dep	pendents.	•	
	You are married and your spouse Fill in the amount of the income I such as payment of the spouse's Below, specify the basis for excluda separate page.	is not filing with you. sted in line 11, Column B, that was ax liability or the spouse's support of ding this income and the amount of	of someone ot	her than you	or your dep	pendents.	•	
	You are married and your spouse Fill in the amount of the income I such as payment of the spouse's Below, specify the basis for excluda separate page.	is not filing with you. sted in line 11, Column B, that was ax liability or the spouse's support of ding this income and the amount of	of someone ot	her than you	or your dep	pendents.	•	
	You are married and your spouse Fill in the amount of the income li such as payment of the spouse's Below, specify the basis for exclur a separate page. If this adjustment does not apply,	is not filing with you. sted in line 11, Column B, that was ax liability or the spouse's support of ding this income and the amount of	of someone ot	her than you	or your depurpose. If n	pendents.	•	
14.	You are married and your spouse Fill in the amount of the income li such as payment of the spouse's Below, specify the basis for exclur a separate page. If this adjustment does not apply,	is not filing with you. sted in line 11, Column B, that was a liability or the spouse's support of the diagram of the second of	of someone of income devote \$\$ \$	ner than you	or your depurpose. If n	pendents. ecessary, list	•	l adjustments on
14.	You are married and your spouse Fill in the amount of the income I such as payment of the spouse's Below, specify the basis for excluda separate page. If this adjustment does not apply, Total Your current monthly income. Sub	is not filing with you. sted in line 11, Column B, that was ax liability or the spouse's support of the ding this income and the amount of the enter 0 below.	of someone of income devote \$\$\$	ner than you	or your depurpose. If n	pendents. ecessary, list	additiona	0.00
	You are married and your spouse Fill in the amount of the income li such as payment of the spouse's Below, specify the basis for exclur a separate page. If this adjustment does not apply, Total Your current monthly income. Sub	is not filing with you. sted in line 11, Column B, that was ax liability or the spouse's support of the ding this income and the amount of the enter 0 below.	of someone of income devote \$\$\$	ner than you ed to each pu	or your depurpose. If n	pendents. ecessary, list by here=>	additiona	0.00
	You are married and your spouse Fill in the amount of the income li such as payment of the spouse's Below, specify the basis for exclur a separate page. If this adjustment does not apply, Total Your current monthly income. Sub	is not filing with you. sted in line 11, Column B, that was eax liability or the spouse's support of ding this income and the amount of enter 0 below. etract line 13 from line 12. come for the year. Follow these st	of someone of income devote \$\$\$	ner than you ed to each pu	or your depurpose. If n	pendents. ecessary, list by here=>	additiona	0.00 5,341.87

Brodie, Deann Latrease

Debtor 1

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Case number (if known)

Brodie, Deann Latrease 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. NC. 16b. Fill in the number of people in your household. 4 76.382.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 5,341.87 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 5.341.87 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: 5,341.87 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 64,102.44 20b. The result is your current monthly income for the year for this part of the form 76,382.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Deann Latrease Brodie **Deann Latrease Brodie** Signature of Debtor 1 Date March 15, 2018 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1



CC Advising, Inc.

CERTIFICATE OF CREDIT COUNSELING

16199-NCM-CC-000236409

DEANN BRODIE

I CERTIFY that on March 2, 2018, at 01:26 AM EST, DEANN BRODIE received from CC Advising, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit couseling in the Middle District of North Carolina, an individual [or group] briefing that complied with provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone and / or by internet.

By: Catherine Paurnia

Title: Credit Counselor

Date: March 2, 2018

who wish to file a bankruptcy case under title 11 of the United States Bankruptcy

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation
	\$245	filing fee
	\$75	administrative fee
	+ \$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 18-50281 Doc 1 Filed 03/15/18 Page 51 of 58 B201B (Form 201B) (12/09)

United States Bankruptcy Court Middle District of North Carolina, Winston Salem Division

IN RE:		Case No
Brodie, Deann Latrease		Chapter 13
·	Debtor(s)	1

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)

UNDER § 342(b)	OF THE BANKRUPTCY CODE					
Certificate of [Non-Attorney] Bankruptcy Petition Preparer						
I, the [non-attorney] bankruptcy petition preparer signing notice, as required by § 342(b) of the Bankruptcy Code.	the debtor's petition, hereby certify that I delivered to	the debtor the attached				
Printed Name and title, if any, of Bankruptcy Petition Pre Address:	petition preparer is the Social Security in principal, responsible					
X Signature of Bankruptcy Petition Preparer of officer, prince partner whose Social Security number is provided above.						
Cer	tificate of the Debtor					
I (We), the debtor(s), affirm that I (we) have received and	read the attached notice, as required by § 342(b) of the	e Bankruptcy Code.				
Brodie, Deann Latrease	X /s/ Deann Latrease Brodie	3/15/2018				
Printed Name(s) of Debtor(s)	Signature of Debtor	Date				
Case No. (if known)	X					
	Signature of Joint Debtor (if any)	Date				

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Alltran Financial LLP Post Office Box 610 Sauk Rapids, MN 56379-0610

Alltran Financial LLP Post Office Box 1952 Southgate, MI 48195-0952

Capital One 15000 Capital One Drive Richmond, VA 23238-1119

Capital One Attn: General Correspondence/Bankruptcy Post Office Box 30285 Salt Lake City, UT 84130-0285

Charter Communication Spectrum 1410 Trademart Boulevard Winston Salem, NC 27127-5646

Chex Systems, Inc. Consumer Relations 7805 Hudson Road 100 Woodberry, MN 55125

Credit Bureau Post Office Box 26140 Greensboro, NC 27402-6140 Credit One Bank N.A.
Post Office Box 98873
Las Vegas, NV 89193-8873

Davidson County Clerk Of Superior Court Civil Division 110 West Center Street Lexington, NC 27292

Davidson County Sheriff Civil Division 2511 East US Highway 64 Lexington, NC 27292

Davidson County Tax Collector Post Office Box 1617 Lexington, NC 27293-1617

Ditech Financial LLC Post Office Box 6172 Rapid City, SD 57709-6172

Ditech Financial LLC Post Office Box 660934 Dallas, TX 75266-0934

Diversified Consultant Post Office Box 551268 Jacksonville, FL 32255-1268 DJO Global 651 Campus Drive Suite 100 New Brighton, MN 55112-3495

DJO, LLC Post Office Box 660852 Dallas, TX 75266-0852

Employment Security Commission Post Office Box 26504 Raleigh, NC 27611-6504

Equifax Information Services Post Office Box 740256 Atlanta, GA 30374-0256

ERC
Post Office Box 23870
Jacksonville, FL 32241-3870

Experian NCAC 475 Anton Blvd Costa Mesa, CA 92626-7037

Fingerhut
Bankruptcy Department
6250 Ridgewood Road
Saint Cloud, MN 56303-0820

Fingerhut
Post Office Box 166
Newark, NJ 07101-0166

Firstsource Advantage, LLC Post Office Box 628 Buffalo, NY 14240-0628

H&R Accounts, Inc. Post Office Box 672 Moline, IL 61266-0672

Internal Revenue Service Insolvency, Mail 4905 Koger Blvd Stop 9 Greensboro, NC 27407-2734

Kathryn L. Bringle Chapter 13 Office Post Office Box 2115 Winston-Salem, NC 27102-2115

Lvnv Funding LLC Post Office Box 1269 Greenville, SC 29602-1269

North Carolina Dept of Revenue PO Box 25000 Raleigh, NC 27640-0100

Novant Health
Post Office Box 602584
Charlotte, NC 28260-2584

Onemain
Post Office Box 64
Evansville, IN 47706-0064

OneMain Attention: Bankruptcy 601 NorthWest 2nd Street Evansville, IN 47708-1013

Summit Credit Union 8210 West Market Street Greensboro, NC 27409-9679

Synchrony Bank/Care Credit Attention: Bankruptcy Post Office Box 965060 Orlando, FL 32896-5060

Synchrony Bank/Care Credit C/o Post Office Box 965036 Orlando, FL 32896-5036 TransUnion Customer Disclosure Center Post Office Box 2000 Chester, PA 19016-2000

Triad Radiology Associates, PLLC Post Office Box 10588 Peoria, IL 61612-0588

United Consumer Financial Services 865 Bassett Road Westlake, OH 44145-1142

Verizon

Attention: Wireless Bankrupty Admin 500 Technology Drive Suite 500 Weldon Spring, MO 63304-2225

Verizon Wireless
Post Office Box 650051
Dallas, TX 75265-0051

Wake Forest Baptist Health-Patient Accou Medical Center Boulevard Winston-Salem, NC 27157

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United States Bankruptcy Court Middle District of North Carolina, Winston Salem Division

IN RE:		Case No.
Brodie, Deann Latrease		Chapter 13
·	Debtor(s)	
	VERIFICATION OF CREDITOR MA	ATRIX
The above named debtor(s) he	reby verify(ies) that the attached matrix listing cred	ditors is true to the best of my(our) knowledge.
Date: March 15, 2018	Signature: /s/ Deann Latrease Brodie	
	Deann Latrease Brodie	Debtor
Date:	Signature:	
		Joint Debtor, if any